

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER	<i>TL</i>		<i>24</i>
FORMALITY REVIEW	<i>ETC</i>	<i>706</i>	<i>2-20-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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10-10-01  
H.S.